



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2019

Dr. John A. Rock
Florida International University
11200 SW 8th St.
Miami, FL 33199

**RE: State Fiscal Year 2018 - 2019
First Scheduled Low Income Pool (LIP) Group 2 Payment
Medicaid Number:005527800**

Dear Dr. Rock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,146,348 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 2

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **005527800**

Facility Name (current) : **Florida International University**

Annual LIP Group 2 distribution to your facility	(A)	\$2,146,348
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$2,146,348
Total of your LIP Group 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled LIP Group 2 Payment [1]	(E)	\$2,146,348

[1] This payment may be made by check or transferred electronically.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2019

Jeremy W. Sibiski
University of Florida Gainesville
1329 SW 16th Street, Ste.3142
Gainesville, FL 32608

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 2 Payment
Medicaid Number:053386600**

Dear Mr. Sibiski:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$23,557,923 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 2

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **053386600**

Facility Name (current) : **University of Florida Gainesville**

Annual LIP Group 2 distribution to your facility	(A)	\$23,557,923
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$23,557,923
Total of your LIP Group 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled LIP Group 2 Payment [1]	(E)	\$23,557,923

[1] This payment may be made by check or transferred electronically.



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

February 12, 2019

Wendey Clarke Landkrohn
University of Florida Jacksonville
653 West 8th Street, 4th Floor Faculty Clinic
Jacksonville, FL 32209

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 2 Payment
Medicaid Number:373978300**

Dear Ms. Landkrohn:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$34,343,003 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 2

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **373978300**

Facility Name (current) : **University of Florida Jacksonville**

Annual LIP Group 2 distribution to your facility	(A)	\$34,343,003
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$34,343,003
Total of your LIP Group 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled LIP Group 2 Payment [1]	(E)	\$34,343,003

[1] This payment may be made by check or transferred electronically.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2019

Mark Knight
University of Miami
1611 NW 12th Avenue
Miami, FL 33136

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 2 Payment
Medicaid Number:273179700**

Dear Mr. Knight:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$37,062,543 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 2

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **273179700**

Facility Name (current) : **University of Miami**

Annual LIP Group 2 distribution to your facility	(A)	\$37,062,543
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$37,062,543
Total of your LIP Group 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled LIP Group 2 Payment [1]	(E)	\$37,062,543

[1] This payment may be made by check or transferred electronically.



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GOVERNOR

MARY C. MAYHEW
SECRETARY

February 12, 2019

Nick Trivunovich
University of South Florida
12901 Bruce B. Downs Blvd.
Tampa, FL 33612

**RE: State Fiscal Year 2018 - 2019
Scheduled Low Income Pool (LIP) Group 2 Payment
Medicaid Number:053079400**

Dear Mr. Trivunovich:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$4,192,428 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 2

State Fiscal Year 2018 - 2019 Payment

Medicaid Number : **053079400**

Facility Name (current) : **University of South Florida**

Annual LIP Group 2 distribution to your facility	(A)	\$4,192,428
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual LIP Group 2 Payments	(A - B) = (C)	\$4,192,428
Total of your LIP Group 2 Payments previously paid in this fiscal year	(D)	
Your Scheduled LIP Group 2 Payment [1]	(E)	\$4,192,428

[1] This payment may be made by check or transferred electronically.